

Lincoln Police Department
James Peschong, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492

MAYOR CHRIS BEUTLER

lincoln.ne.gov



March 19, 2013

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Foxy, 1823 'O' Street requesting a class C liquor license.

This location has been sold and currently holds a class C liquor license.

Donald Arena, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant will be omitted as he is a currently approved manager / owner.

The required training was completed on March 29th 2012.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



APPLICATION FOR TEMPORARY
OPERATING PERMIT (TOP)

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

- ☐ Enclose completed application for liquor license from purchasers
- ☒ Enclose document showing sale of business; document may be in the form of purchase agreement/contract, management agreement or promissory note. Must include purchase date or closing date within 2-3 weeks of requesting TOP. Must show name of business being sold. Must be signed by seller.

NAME OF EXISTING BUSINESS (SELLER) AND LICENSE

Foxy Lady

On (date) Feb 15, 13 seller and buyer entered into a contract for sale of the business known as IRWIN - ARENA TRANSACTION

Buyer seeks to obtain a Temporary Operating Permit (TOP) to allow them to operate the business under the same terms and conditions of premise licensee; subject to approval by the Nebraska Liquor Control Commission (NLCC) for a period not to exceed 90 days.

Seller hereby declares that they are current on all accounts with all Nebraska licensed wholesaler under section §53-123.02. A seller who provides false information regarding such accounts is guilty of a Class IV misdemeanor for each offense.

Sandra K. Irwin
Signature of Seller

State of Nebraska
County of Lancaster

Dimitri J. [Signature]
Signature of Buyer

State of Nebraska
County of Lancaster

The forgoing instrument was acknowledged before
me this 25th day of February, 2013
2/25/2013 Date

[Signature]
Notary Public Signature

Affix Seal Here
GENERAL NOTARY - State of Nebraska
MICAELA M MEZA
My Comm. Exp. Jan. 2, 2017

The forgoing instrument was acknowledged before
me this 15th day of March, 2013
Date

[Signature]
Notary Public Signature

Affix Seal Here
GENERAL NOTARY - State of Nebraska
RACHELLE L. SOULLIERE
My Comm. Exp. Jan. 31, 2015

Temporary Operating Permit

Nebraska Liquor Control Commission

13 - 344

Class C

Issued: 3/12/2013 - Expires: 06/10/2013

RENA INC

DBA: THE FOXY, 1823 O STREET, LINCOLN

**Description: ENTIRE FIRST FLOOR OF BLDG APPROX 24' X 92' PLUS OUTDOOR BEER
GARDEN TO THE SOUTH APPROX 22' X 17'**



**Robert B Rupe - Executive Director
Nebraska Liquor Control Commission
301 Centennial Mall South, 5th Floor
Lincoln, NE 68509
(402) 471 - 2571**

*** NO EXTENSIONS OF THIS PERMIT WILL BE ALLOWED ***

PREMISE INFORMATION

RECEIVED

Trade Name (doing business as) The Foxy

Street Address #1 1823 "O" ST.

Street Address #2 _____

City Lincoln

County LANCASTER

Zip Code 68508

Premise Telephone number _____

Is this location inside the city/village corporate limits:



YES



NO

Mailing address (where you want to receive mail from the Commission)

Name DONALD J. ARENA

Street Address #1 1930 Surfside Dr.

Street Address #2 _____

City Lincoln

State Ne.

Zip Code 68528

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

READ CAREFULLY

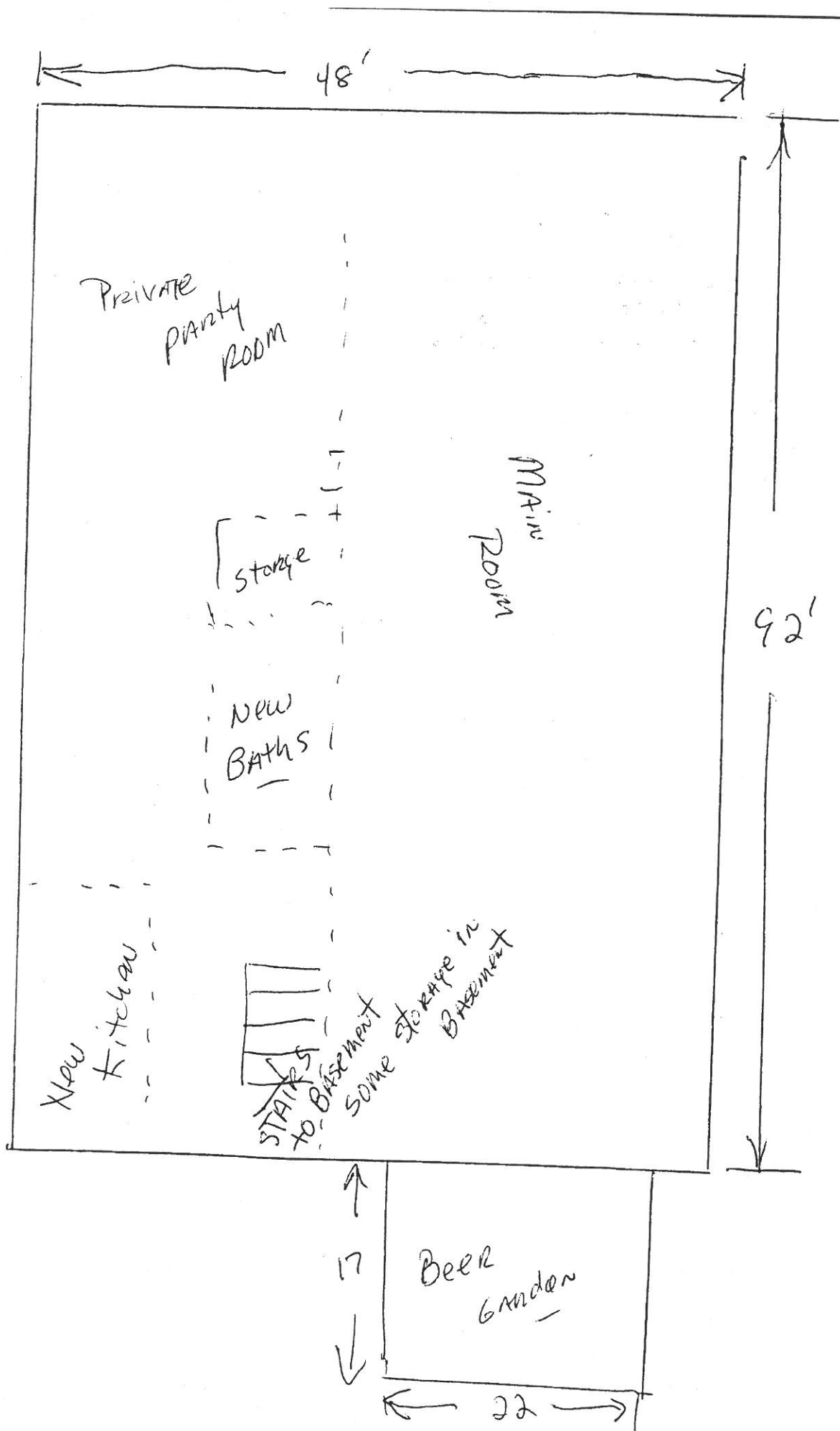
In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

****For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Length _____ feet

Width _____ feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET



APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition

2. Are you buying the business of a current retail liquor license?

☒ YES ☐ NO

If yes, give name of business and liquor license number 066382

- a) Submit a copy of the sales agreement
- b) Include a list of alcohol being purchased, list the name brand, container size and how many
- c) Submit a list of the furniture, fixtures and equipment

3. Was this premise licensed as liquor licensed business within the last two (2) years?

☒ YES ☐ NO

If yes, give name and license number Foxy LA04 066382

4. Are you filing a temporary operating permit to operate during the application process?

☒ YES ☐ NO

If yes:

- a) Attach temporary operating permit (T.O.P.) (form 125)
- b) T.O.P. will only be accepted at a location that currently holds a valid liquor license.

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

☒ YES ☐ NO

If yes, list the lender(s) West Gate Bank (Lincoln)

**APPLICATION FOR LIQUOR LICENSE
CORPORATION
INSERT - FORM 3a**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.leg.ne.gov

Office Use

Officers, directors and stockholders holding over 25% shares of stock, including spouses, are required to adhere to the following requirements:

- 1) All officers, directors and stockholders must be listed
- 2) President/CEO and stockholders holding over 25% and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Officers, directors and stockholders holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: DONALD J. ARENA

Name of Corporation that will hold license as listed on the Articles

RENA, INC

010171740

Corporation Address: 1930 Surfside Dr.

City: Lincoln

State: Ne

Zip Code: 68528

Corporation Phone Number: 402 432 0717

Fax Number

Total Number of Corporation Shares Issued: 10,000

Name and notarized signature of President/CEO (Information of president must be listed on following page)

Last Name: ARENA

First Name: DONALD

MI: J.

Home Address: 1930 Surfside Dr.

City: Lincoln

State: Ne

Zip Code: 68528

Home Phone Number:

Donald J. Arena

Signature of President/CEO

ACKNOWLEDGEMENT

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

March 5, 2013

by

Donald J. Arena

name of person acknowledged

Date

Rachel L. Soulliere

Affix Seal



List names of all officers, directors and stockholders including spouses (even if a spousal affidavit has been submitted)

Last Name: ARELLA First Name: DONALD MI: J

Social Security Number: _____ Date of Birth: _____

Title: President Number of Shares 10,000

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006) and must provide proof of voter registration in the State of Nebraska
- 3) Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (unless a non-participating spouse) (2 cards per person) and fees of \$38 per person, made payable to Nebraska State Patrol
- 5) Must be 21 years of age or older
- 6) May be required to take a training course

Corporation/LLC information

Name of Corporation/LLC: RENA INC.

Premise information

Premise License Number: _____

Premise Trade Name/DBA: _____
(if new application leave blank)
The Foxy

Premise Street Address: 1823 "O" ST.

City: Lincoln State: Ne. Zip Code: 68508

Premise Phone Number: _____

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. Click on this link to see authorized individuals.
http://www.lcc.ne.gov/license_search/licsearch.cgi

Donald J. Aie
CORPORATE OFFICER/MANAGING MEMBER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: ARENA First Name: DONALD MI: J

Home Address (include PO Box if applicable): 1930 SURFSIDE DR.

City: Lincoln County: LANCASTER Zip Code: 68528

Home Phone Number: 402 4320717 Business Phone Number: _____

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: Worcester, MA.

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

RECEIVED

☐ YES

☒ NO

Spouse's information

REGISTRATION
CONTROL COMMISSION

Spouses Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: _____

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
1200 WEST BURNHAM	1990	2005	Lincoln		
1930 SURFSIDE DR.	2005	PRESENT	Lincoln		

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1990	PRESENT	RFOX INC	OWNER BUSINESS	402 4383300

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY. Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? ☒ YES ☐ NO
IF YES, list the name of the premise. 819 "O" ST Lincoln Ne.
 1339 West "O" ST Lincoln Ne. and 1245 LIBRA Dr. Lincoln Ne.
3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business? ☒ YES ☐ NO
4. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application?
 (Check or money order made payable to the Nebraska State Patrol for \$38.00 per person)
☒ YES ☐ NO
5. List any alcohol related training and/or experience (when and where).

*Of the United States,
in Order to form a more perfect Union,
establish Justice, insure domestic Tranquility,
provide for the common defence,
promote the general Welfare, and secure
the Blessings of Liberty to ourselves and
our Posterity, do ordain and establish this
Constitution for the United States of America.*

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT
PASAPORTE

UNITED STATES OF AMERICA

USA

USA

Surname / Nom / Apellidos

ARENA

Given Names / Prénoms / Nombres

DONALD JAMES

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

Place of birth / Lieu de naissance / Lugar de nacimiento

MASSACHUSETTS, U.S.A.

Date of issue / Date de délivrance / Fecha de expedición

15 FEB 2007

Date of expiration / Date d'expiration / Fecha de caducidad

14 FEB 2017

Endorsements / Mentions Spéciales / Anotaciones

SEE PAGE 27

Sex / Sexe / Sexo

N

Authority / Autorité / Autoridad

United States

Department of State

USA

P<USAARENA<<DONALD<JAMES<<<<<<<<<<<<<<<<<<
4213291569USA 3M1702149078541205<596028